From Eugenics to Population Control: Institutional Legacies of Coercion in Sterilisation, Abortion, and Vaccination

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Abstract

This article examines the throughline connecting the American Eugenics Society (AES) and its successor organizations to later campaigns that altered reproductive and public-health outcomes—particularly forced or coercive sterilisation, abortion advocacy, and mass vaccination efforts. We trace how pseudoscientific ideologies of 'negative eugenics' morphed into ostensibly progressive but ethically fraught population-control strategies, with disproportionate effects on marginalized communities.

Introduction

The American Eugenics Society (1922–1973) advanced 'negative eugenics,' seeking to prevent reproduction among those it classified as 'defective.' This article argues that while the institutional networks of the eugenics and population-control movements left a legacy of coercive practices, they also reveal an enduring lesson: that genuine human progress cannot be imposed through mandates. What began as attempts to manage reproduction through sterilisation, abortion policy, and later vaccination campaigns shows the dangers of technocratic control when autonomy is sidelined. By improving moral education and cultivating responsibility, societies can encourage individuals to make the right choices for themselves and their communities. This shift — from public mandates to personal responsibility and reliability — represents a path toward health and social stability that affirms autonomy rather than undermines it.

The American Eugenics Society and Forced Sterilisation

AES advocates supported model sterilisation statutes and expert testimony that culminated in constitutional validation via Buck v. Bell (1927). By mid-century, sterilisation had surged among institutionalised people, women of color, and the poor, with the euphemism 'Mississippi appendectomy' signalling covert procedures (Larson, 2016).

Coercive Sterilisation in the Mid-20th Century and Beyond

Evidence from U.S. federal programs shows disproportionate sterilisation of Native American women in the 1960s-70s; estimates run as high as a quarter of women of child-bearing age in some communities

(Time Magazine, 2019). The 1973 Relf sisters case exposed sterilisation of African-American minors without informed consent, revealing systemic abuse within family-planning clinics.

Transition to the Population Council

After World War II, AES intellectual lineages fed into population-control institutions. The Population Council was founded in 1952 by John D. Rockefeller III to promote demographic research, contraception, and family-planning programs (Guttmacher Institute, 2022). Council figures periodically floated authoritarian measures, e.g., Bernard Berelson discussions of extreme approaches, illustrating how coercive logics could persist under new technocratic branding.

Global Sterilisation Trends

Sterilisation remains the most common contraceptive method globally: approximately 180 million women have undergone tubal ligation and 42-43 million men vasectomy (WHO & UNICEF, 2024). Prevalence is highest in parts of Asia, Latin America, and North America, and lowest in Africa and Eastern Europe.

Sterilisation and Gender Transition: Continuities of Reproductive Exclusion

Historical context. Early eugenics legitimated the reproductive exclusion of those deemed 'unfit.' In late-20th-century Europe, similar exclusion reappeared when sterilisation was a legal precondition for gender recognition in multiple states (e.g., Sweden until 2013) (European Court of Human Rights, 2017). Statistical dimensions. While contraceptive sterilisation totals exceed 220 million globally, the United States counts roughly 1.6 million transgender people, with historical tallies suggesting 100,000-150,000 gender-affirming surgical procedures since the 1980s, many entailing sterility (Williams Institute, 2022). Ethical continuity. Across these regimes, the justificatory language shifts from 'fitness' to 'population control' to 'identity affirmation,' yet the outcome is similar: removal of reproductive capacity from defined groups.

Abortion: Scale and Legacy

Recent WHO/Guttmacher estimates indicate approximately 73 million abortions per year worldwide; roughly 45 percent are unsafe, disproportionately in low-income settings (Guttmacher Institute, 2022). Between 2015 and 2019, cumulative abortions are estimated at approximately 365 million globally. While reproductive choice is essential, population-control frameworks historically targeted births among marginalized communities, creating tensions between autonomy and systemic pressure.

Vaccinations: Public Health or Population Strategy?

Routine immunisation is estimated to have averted approximately 154 million deaths since 1974, yet recent coverage stagnation left approximately 14 million children with zero doses in 2024 and measles coverage at approximately 76 percent, below herd-immunity thresholds (WHO & UNICEF, 2024). Vaccination is scientifically distinct from eugenics; however, in contexts marked by coercive legacies, mass campaigns can be perceived through the same lens of mistrust.

Discussion

The trajectory from explicitly coercive sterilisation to technocratic family-planning and identity-recognition regimes shows how reproductive exclusion mutates across policy domains. Population-control institutions helped normalise demographic management as a public-good objective, while uneven burdens fell on the poor, racial minorities, indigenous peoples, and transgender people subject to sterilisation mandates. (see Figure 1).

Historical Overview of Population Control

Population control emerged from the early eugenics movement, which promoted the restriction of reproduction among those deemed 'unfit.' After the discrediting of overt eugenics following World War II, elite institutions rebranded these ideas as 'family planning' and 'population management.' Wealthy philanthropists and global organizations played central roles in funding and shaping policy, pushing fertility reduction as a strategy for social stability, economic growth, and environmental sustainability.

1900s–1930s: The Eugenics Era

• American Eugenics Society (AES, 1922–1973): Advocated sterilisation and restrictive laws; influenced Buck v. Bell (1927), which upheld forced sterilisation. • Margaret Sanger (Planned Parenthood founder, 1916): Promoted birth control access, though intertwined with eugenics rhetoric.

1940s–1950s: Postwar Rebranding

• John D. Rockefeller III (1952): Founded the Population Council to conduct demographic research and promote fertility reduction worldwide. • Alan Guttmacher (1960s): Led Planned Parenthood; linked reproductive health with population control goals.

1960s–1970s: Global Expansion

• USAID & World Bank: Funded large-scale sterilisation and family-planning programs, especially in the Global South. • UNFPA (United Nations Population Fund, est. 1969): Integrated fertility reduction into global development strategies. • Bernard Berelson (Population Council): Floated extreme coercive measures in policy discussions.

1980s–1990s: Consolidation of 'Reproductive Health'

• 1994 Cairo Conference on Population and Development (ICPD): Shifted rhetoric from 'population control' to 'reproductive rights,' though demographic management remained central. • International NGOs (IPPF, Guttmacher Institute): Framed abortion and contraception as development and health imperatives.

2000s–Present: Philanthro-Capitalism

• Bill & Melinda Gates Foundation (2000–present): World’s largest private funder of global health, contraception, and vaccination campaigns; emphasizes demographic impact. • Global coalitions (WHO, UN, World Bank): Continue to integrate population management into health and sustainability agendas.

Key Themes

• Continuity: From eugenics → family planning → reproductive health → sustainability, the underlying logic of managing population growth persisted. • Shift in Rhetoric: From 'fitness' and 'racial purity' to 'development,' 'rights,' and 'climate sustainability.' • Elite Influence: Wealthy philanthropists and global institutions consistently directed population policy, often targeting the Global South and marginalized communities.

Conclusion

The trajectory from eugenics to population control illustrates how easily public mandates can slide into coercion. Institutions such as the American Eugenics Society, the Population Council, and even modern philanthropic public-health campaigns show a persistent tendency to privilege technocratic authority over individual choice. Yet history also offers a corrective. When individuals are guided by strong moral education and trained in personal responsibility, they are more capable of making choices that align with both their own dignity and the common good. The future of reproductive and public health lies not in mandates but in trust, education, and the cultivation of reliability. Only by replacing coercion with responsibility can societies prevent the errors of the past and build systems rooted in autonomy, justice, and respect for life.

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Figure 1

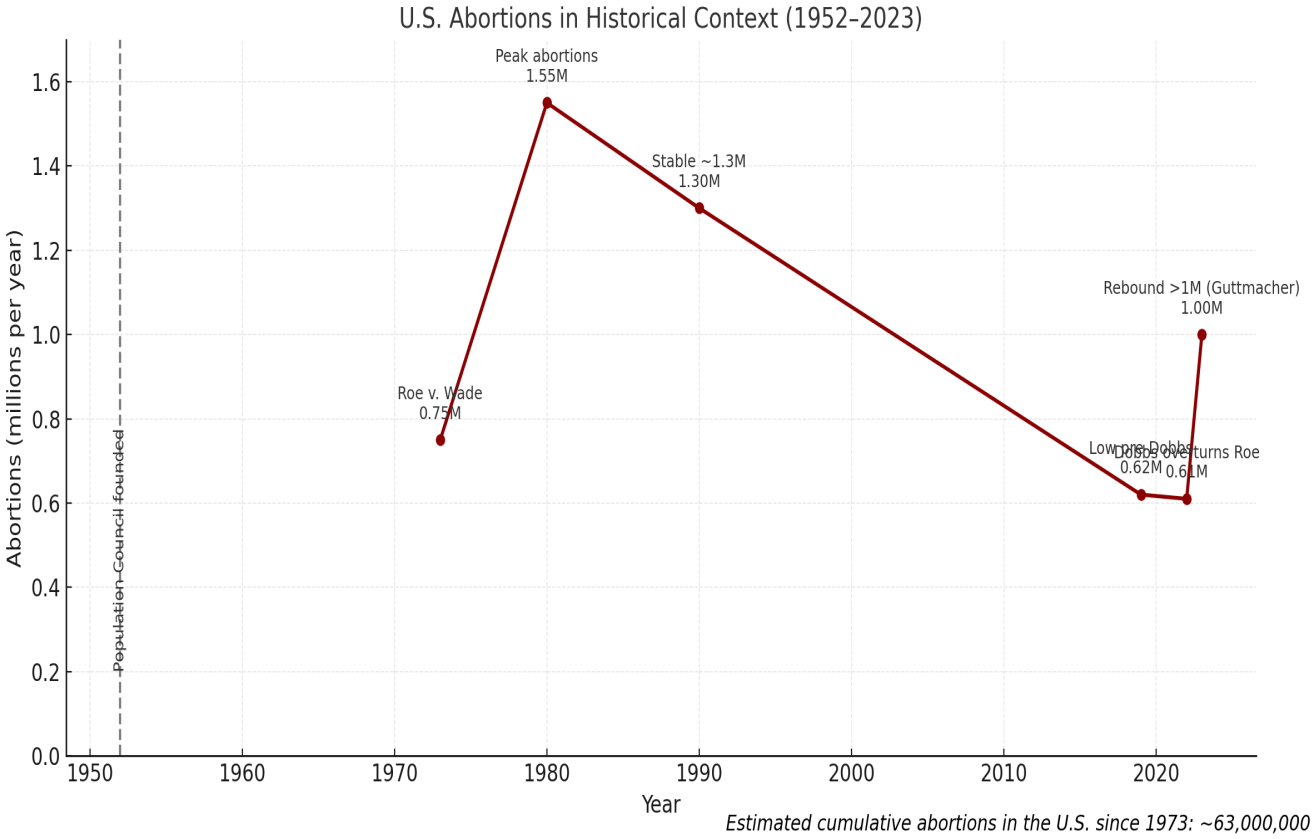

Figure 1. U.S. Abortions in Historical Context, 1952–2023. This figure situates U.S. abortion trends within the broader framework of population control. The founding of the Population Council in 1952 established a philanthropic and technocratic rationale for fertility management. After the Supreme Court's Roe v. Wade decision in 1973, annual abortions surged, reaching a peak of approximately 1.55 million by 1980. The 1990s sustained levels of around 1.3 million per year before a gradual decline set in, reaching a modern low of roughly 625,000 in 2019. Following the 2022 Dobbs decision overturning Roe, official counts dipped slightly, yet Guttmacher Institute data show a rebound above one million in 2023. An estimated cumulative total of more than 63 million abortions has occurred in the United States

since Roe (1973–2023). This trajectory underscores both the influence of institutional frameworks like the Population Council and the persistent demand for abortion services across changing legal landscapes.